



University College & Extension Services

California State University, Long Beach

Sponsorship Payment Form

Sponsor Type: _____

Company Name: _____

Address _____

City _____ **State** _____ **Zip** _____

Contact Person's Name: _____

Contact Person's Phone: __ (____) _____

Payment can be submitted by:

Mail: 6300 University Dr., Suite 104, Long Beach, CA 90815

Phone: (800) 963-2250 or (562) 985-5561

Fax: (562) 985-5823

Amount of Sponsorship: \$ _____

Payment Method:

☐

Check

☐

Visa

☐

MasterCard

Credit Card Number: _____

Credit Card Expiration Date: _____